

Express Mail Label No.

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Docket No.
4220-116 US

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**HANSENULA POLYMORPHA MUTANTS AND PROCESS FOR THE PREPARATION OF
RECOMBINANT
PROTEINS USING THE SAME**

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on March 4, 2000 as United States Application No. or PCT International
Application Number PCT/KR00/00173
and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

<u>1999/7177</u>	<u>Korea</u>	<u>04/03/99</u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
<u>2000/10743</u>	<u>Korea</u>	<u>03/03/00</u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	